



Docket No. (Optional)  
01034/100F808-US7

Application Number  
09/689,159

Filed	October 12, 2000
-------	------------------

For: ANTIBODY SPECIFIC FOR PRESENILIN 1 AND METHOD OF USE THEREOF

Art Unit	1647	Examiner	S. L. Turner
----------	------	----------	--------------

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- |                                     |                                  |           |
|-------------------------------------|----------------------------------|-----------|
| <input type="checkbox"/>            | One month (37 CFR 1.17(a)(1))    | \$        |
| <input checked="" type="checkbox"/> | Two months (37 CFR 1.17(a)(2))   | \$ 420.00 |
| <input type="checkbox"/>            | Three months (37 CFR 1.17(a)(3)) | \$        |
| <input type="checkbox"/>            | Four months (37 CFR 1.17(a)(4))  | \$        |
| <input type="checkbox"/>            | Five months (37 CFR 1.17(a)(5))  | \$        |

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ \_\_\_\_\_.

☒ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-0100.

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.  
☐ assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  
☒ attorney or agent of record. Registration Number                      See Limited Recognition  
☐ attorney or agent under 37 CFR 1.34(a).  
 Registration number if acting under 37 CFR 1.34(a)                     

March 15, 2004

Date \_\_\_\_\_

(212) 836-3747

Telephone Number

Signature

Anna Lövgqvist, Ph.D.

Typed or printed name

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

☐ Total of 1 forms are submitted.

Express Mail Label No.

**Dated:** \_\_\_\_\_